



**ADDRESSING GENDER–BASED VIOLENCE
FROM THE
REPRODUCTIVE HEALTH/HIV SECTOR

A LITERATURE REVIEW AND ANALYSIS**

EXECUTIVE SUMMARY

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ACRONYMS

ACASAC	Asesoría, Capacitación y Asistencia en Salud
AusAID	Australian Agency for International Development
BCC	Behavior change communication
CEDOVIP	Center for Domestic Violence Prevention
CEJIL	Center for Justice and International Law
CEPS	Center for the Study of Social Promotion
CIDA/GESP II	Canadian International Development Agency/Government Education Support Program II
CLADEM	Latin American and Caribbean Committee for the Defense of Women's Rights
CPC	Carolina Population Center
CRR	Center for Reproductive Rights
CWCC	Cambodian Women's Crisis Centre
DHS	Demographic and Health Survey
FVPF	Family Violence Prevention Fund
GEM	Gender equitable men
GH	Bureau for Global Health
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
ICPD	International Conference on Population and Development (Cairo, 1994)
ICRW	International Center for Research on Women
IDP	Internally displaced populations
IEC	Information, education, and communication
IGWG	Interagency Gender Working Group
ILANUD	El Instituto Legal de Los Naciones Unidas y Desarrollo
IMAGE	Intervention with Microfinance for AIDS and Gender Equity
IMSS	Mexican Institute of Social Security
INPPARES	Instituto Peruano de Paternidad Responsable
IPPF/WHR	International Planned Parenthood Federation/Western Hemisphere Region
IRC	International Rescue Committee
IWHC	International Women's Health Coalition
KAP	Knowledge, attitudes, and practices
MAP	Men as Partners
NAMEC	Namibian Men for Change
NAWOU	National Association of Women's Organizations in Uganda
NGO	Nongovernmental organization
NNVAW	National Network on Violence Against Women
PADV	Project Against Domestic Violence
PAHO	Pan American Health Organization
PATH	Program for Appropriate Technology in Health
PLAFAM	Asociación Civil de Planificación Familiar
PPASA	Planned Parenthood Association of South Africa
PROFAMILIA	Asociación Pro-Bienestar de la Familia
PROWID	Promoting Women in Development
RADAR	Rural AIDS and Development Action Research Programme
RH	Reproductive health
RHR	Reproductive Health for Refugees
SAGBVHI	South African Gender-Based Violence and Health Initiative
SIDH	Society for the Integrated Development of the Himalayas
SRH	Sexual and reproductive health
SRR	Sexual and reproductive rights
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TANESA	Tanzania–Netherlands Project to Support HIV/AIDS Control in Mwanza Region

TARSC	Training and Research Support Centre
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WHO	World Health Organization
WRC	White Ribbon Campaign

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Gender-based violence is a pervasive public health and human rights problem throughout the world, but the patterns and prevalence of violence vary from place to place. Around the world at least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime.¹ Gender-based violence can result in many negative consequences for women's health and well-being. It can also affect their children and undermine the economic well-being of societies.

Gender-based violence and HIV/AIDS are also inextricably linked. The experience of violence affects the risk of HIV and other sexually transmitted infections (STIs) directly when it interferes with women's ability to negotiate condom use. Fear of violence not only hinders women's ability to propose condom use but may also keep them from voluntary HIV/AIDS counseling and testing. Furthermore, women may be at risk of violence after disclosing their HIV status to their partner, suggesting that domestic violence should be considered when formulating partner notification policies and HIV counseling.^{2 3}

The sheer magnitude of violence and its consequences justifies the need for greater investment in this area.

This document provides a literature review and analysis to the United States Agency for International Development's (USAID) Bureau for Global Health (GH) on programs in developing countries that have addressed or challenged gender-based violence with a link to the reproductive health (RH)/HIV sectors.

For this review, programs addressing both adult and adolescent populations were eligible for inclusion and an effort was made to identify programs that involved men. Gender-based violence is defined as any act of intimate partner physical violence and sexual violence by strangers or intimate partners. It is noteworthy that although sexual coercion has been defined in various ways, two elements seem key in understanding this type of violence. First, sexual coercion exists along a continuum of behaviors that range from threats and unwanted touch to rape. Second, women who are victims of such violence lack options to pursue that will not bring about severe physical and/or social consequences.⁴ The recent *World Report on Violence and Health* defines sexual violence as

any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim.⁵

Although there are numerous gender-based violence-related initiatives taking place in various parts of the world, many of them are quite small and few have been rigorously evaluated and/or

¹Heise L., M. Ellsberg, and M. Gottemoeller. "Ending Violence Against Women." *Population Reports*, 27(4), 1999. [Available in English at <http://www.infoforhealth.org/pr/11ledsum.shtml>.]

²USAID/Synergy. *Women's Experiences With HIV Serodisclosure in Africa: Implications for VCT and PMTCT*. Meeting Report. Washington, DC: USAID, March 2004.

³Gielen, A.C. et al. "Women's Disclosure of HIV Status: Experiences of Mistreatment and Violence in an Urban Setting." *Women's Health*, 25(3):19–31, 1997.

⁴Heise, L.L., K. Moore, and N. Toubia. *Sexual Coercion and Reproductive Health: A Focus on Research*. New York: The Population Council, New York, 1995.

⁵World Health Organization. *World Report on Violence and Health*. Geneva: World Health Organization, 2002.

documented. When evaluations have been implemented, their quality tends to be uneven. There is a general perception in the field that little funding has been available in the area of violence and even less for evaluating existing initiatives. In many cases, evaluations have assessed changes in knowledge and attitudes among providers, men, and women, but have not been able to assess or demonstrate changes in corresponding behaviors. In other instances, no baseline data are available to serve as a point of comparison. Additionally, because gender-based violence interventions are about enhancing knowledge and changing attitudes, behavior, and practices, long-term intervention and financial support are required. At least part of the weakness of the evaluation of these programs results from the limited time between intervention and follow-up evaluations. These findings signal the need for greater investment in well-designed program evaluations and point to the present challenge of determining the most effective interventions in addressing and challenging gender-based violence.

Given the lack of rigorous evaluation data, it is too early to characterize initiatives in the area of gender-based violence as best practices. This review offers the reader an idea of the range of approaches available to address gender-based violence, with an understanding that

- these are not necessarily exhaustive;
- although they have demonstrated some degree of success, they should be seen as promising and not necessarily best practices; and
- there may be initiatives that are equally or more promising in addressing gender-based violence as the ones presented here.

However, because they have not been documented, currently information about these programs is inaccessible.

When deciding how best to support programs in the area of gender-based violence, it is important to note that programs have an impact on survivors' lives and community norms regardless of whether they are implementing specific violence initiatives. Health care providers, for example, are likely to have cared for survivors of violence (whether or not they know it) and their actions can have an impact on women's ability to overcome a situation of violence. Similarly, communication programs can unknowingly have an impact on gender-based violence by unintentionally promoting negative gender norms, such as appealing to macho and aggressive imagery when promoting condom use. Consequently, initiatives in the RH/HIV sectors should consider gender norms and violence regardless of whether this is their main area of focus.

This review highlights the unique contribution of four approaches to addressing gender-based violence, including behavior change communication (BCC), community mobilization, service provision, and policy. Two additional sections are organized around the audiences targeted by the various programs, namely youth and refugees, internally displaced populations, and returnees.

The overview to each section outlines the unique contribution of the different approaches in challenging gender-based violence. The following observations, however, point to some of the common characteristics of promising interventions.

- Promising initiatives tend to use multiple strategies, from training health providers to carrying out information, education, and communication (IEC) campaigns.

Promising initiatives also make an effort to link experiences from different levels, for example, linking local and national initiatives so that practice feeds back into policy and vice versa.

- Programs tend to establish partnerships among sectors that build on each other's strengths to cover the wide needs of survivors and effect change on multiple levels. Partnerships are important between different sectors (health, justice, education), but also between civil society and governments and between researchers, activists, policymakers, and service providers.
- Promising efforts to improve the response to violence tend to follow what Heise et al. call a systems approach, which involves the whole organization. In the health sector, for example, training is accompanied by a broad effort to review an institution's policies and resources, including infrastructure, service protocols, screening tools, and referral directories.
- Various programs emphasize the importance of employing a human rights perspective in addition to a gender perspective. Such a perspective recognizes that gender-based violence constitutes a violation of basic human rights (such as the right to be free from torture and ill treatment). It further accepts that human rights are inalienable and indivisible—women have a right to live free of violence under all circumstances and they should not have to give up this right in order to maintain a family or to ensure economic support for their children.
- Programs also point to the importance of ensuring a wide buy in among all staff or all community members. For example, a broad range of staff—from management to administrative—should be included when conducting training. Additionally, support from upper management can make or break an initiative. When working at the community level, efforts should be made to involve community members from the earliest stages of program design.
- Gender-based violence is an extremely sensitive issue and is deeply rooted in cultural values. Any initiative should ensure the cultural appropriateness of proposed interventions and careful consideration should be given when transferring experiences from one setting to another.
- When attempting to change attitudes among specific groups, such as teachers, health care providers, or young men, initiatives should highlight the importance of addressing individual experiences and perceptions of violence first and foremost.
- At the same time, because the roots of violence permeate individual and collective values, promising initiatives have sought to promote change at both the individual and community levels; some have also sought to create an environment of nonacceptance and shame for perpetrators of violence.

Program evaluation data presently available are generally weak and have not focused on the impact of gender-based violence initiatives on sexual reproductive health (SRH) outcomes. However, even though improving SRH outcomes is a legitimate concern, gender-based violence should be seen as a valid issue in its own right because it represents one of the worst violations of human rights and has a tremendous effect on women's health. The only way to improve the

current state of knowledge in the field is to invest in sound programs that include well-designed evaluation components. Although the lack of evaluation data makes it a challenge to ascertain the most effective interventions in the field, the following should be considered when programming future gender-based violence initiatives:

- Logistic Support
 - Invest in long-term, multisectoral programs
 - Invest in well-designed evaluations
- Guiding Principles in Gender-Based Violence Programming
 - Ensure that all initiatives respect survivors' safety and autonomy first and foremost
 - Employ a human rights perspective⁶
 - Ensure cultural appropriateness of interventions
- Program Structure
 - Work in partnerships
 - Use multiple strategies and link different levels of interventions
 - Promote systemwide changes
 - Promote change at individual and collective levels
 - Integrate gender-based violence components into existing programs
- Sensitization and Training
 - Address program staff's own experiences and perceptions of violence
 - Do not assume that training of trainers is suitable for such sensitive topics as gender-based violence
 - Promote wide buy in among all staff and/or community members
- Programmatic Priorities
 - Promote programs that challenge norms that perpetuate violence
 - Empower women and girls
 - Ensure that survivors have access to needed services
 - Involve young and adult men
 - Increase negative consequences of violent behavior to abusers
 - Ensure that programs in humanitarian settings systematically address gender-based violence

⁶A rights-based approach places the discussion of gender-based violence within a broader framework of human rights and justice to challenge prevailing norms, such as the notion that domestic violence is a private issue, and to empower individuals and communities to promote change. It further accepts that human rights are inalienable and indivisible: that women have a right to live free of violence under all circumstances and that they should not have to give up this right in order to maintain a family or to ensure economic support for their children. More information on what it means to apply a human rights framework is provided later in this review.



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